

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number <b>C</b> C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., NW		
(c) City, State and ZIP Code Washington DC 20006		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM 

M	M
0	9

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	9

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS .....

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1816.17

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Liz Towne

09/16/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Jeremy Al-Haj

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Mailing Address

1501 Briarwood Cir. Dr.

Amount

211.79

City

Ann Arbor

State

MI

Zip Code

48104

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

1923.84

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Jeremy Al-Haj

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Mailing Address

1501 Briarwood Cir. Dr.

Amount

25.00

City

Ann Arbor

State

MI

Zip Code

48104

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

1948.84

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Cara Alcantar

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Mailing Address

155 Charlevoix St.

Amount

273.28

City

Clawson

State

MI

Zip Code

48017

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

1716.52

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

510.07

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **3 / 8**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
BP

Date

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0Mailing Address  
15024 Middlebelt Rd

Amount

City State Zip Code  
Romulus MI 48174

22.01

Purpose of Expenditure  
GasCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 22.01Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Theresa Cummings

Date

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0Mailing Address  
11368 Asbury Park

Amount

City State Zip Code  
Detroit MI 48227

125.66

Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 753.96Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Dollar Rental

Date

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0Mailing Address  
100 N. Fifth Street

Amount

City State Zip Code  
Detroit MI 48242

77.50

Purpose of Expenditure  
Car rentalCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 697.50Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures .....

225.17

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **4 / 8**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Marcel Duvoix

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Mailing Address

801 N. Congress St., Apt #5

Amount

125.66

City  
YpsilantiState  
MIZip Code  
48197Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate

District: 07

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

753.96

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Anthony Ewell

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Mailing Address

18578 Lumpkin

Amount

125.66

City  
DetroitState  
MIZip Code  
48234Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District:

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

125.66

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Extended Stay America

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Mailing Address

1501 Briarwood Cir

Amount

43.99

City  
Ann ArborState  
MIZip Code  
48108Purpose of Expenditure  
LodgingCategory/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate

District: 07

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

1143.74

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures .....

295.31

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay America

Date

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Mailing Address

1501 Briarwood Cir

Amount

43.99

City

Ann Arbor

State

MI

Zip Code

48108

Purpose of Expenditure  
LodgingCategory/  
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

District: 07

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

1187.73

Disbursement For:  
2010☐

Primary

☒

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Jamil Khalid

Date

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Mailing Address

41166 Wyndchase

Amount

125.66

City

Canton

State

MI

Zip Code

48188

Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

District: 07

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

376.98

Disbursement For:  
2010☐

Primary

☒

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Kevin Litten

Date

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Mailing Address

1501 Briarwood Cir. Dr.

Amount

25.00

City

Ann Arbor

State

MI

Zip Code

48104

Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

District: 07

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

1230.05

Disbursement For:  
2010☐

Primary

☒

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

194.65

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Kevin Litten

Date

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Mailing Address

1501 Briarwood Cir. Dr.

Amount

176.51

City

Ann Arbor

State

MI

Zip Code

48104

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

1406.56

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Office Depot

Date

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Mailing Address

800 Eisenhower

Amount

6.74

City

Ann Arbor

State

MI

Zip Code

48103

Purpose of Expenditure

Office supplies

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

6.74

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Paul Sowa

Date

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Mailing Address

801 N. Congress St.  
Apt. 5

Amount

125.66

City

Ypsilanti

State

MI

Zip Code

48197

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

502.64

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

308.91

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Lynelle Stewart

Date

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0Mailing Address  
36115 Bibbins St.

Amount

164.75

City State Zip Code  
Romulus MI 48174Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1011.78Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Thrifty Car Rental

Date

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0Mailing Address  
334 Lucas Dr.

Amount

34.46

City State Zip Code  
Detroit MI 48242Purpose of Expenditure  
Car rentalCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 122.58Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Twin Cities Airport Taxi

Date

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0Mailing Address  
9217 17th Ave S #212

Amount

37.85

City State Zip Code  
Minneapolis MN 55425Purpose of Expenditure  
GasCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 37.85Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

237.06

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
David Wehde

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Mailing Address  
3126 Oakland Ave S.

Amount

45.00

City  
MinneapolisState  
MNZip Code  
55407Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

☐

President

District: 07

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

135.00

Disbursement For:  
2010☐

Primary

☒

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

45.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

1816.17